

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160County Registrar No. 981

Local Registrar No. _____

No. 10 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child William J. Ison { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec. 16, 1926
Month Day Year8. FATHER
Full name Edward Reese Ison
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona10. Color or race Cauc. 11. Age at last birthday 36 (Years)12. Birthplace (city or place) Louisville
(State or country) Kentucky13. Occupation Millman
Nature of industry Mining20. Number of children of this mother {
(Taken as of time of birth of child herein, certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead _____
(c) Stillborn _____14. MOTHER
Full maiden name Cora Markham
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona16. Color or race Cauc. 17. Age at last birthday 28 (Years)18. Birthplace (city or place) Safford
(State or country) Arizona19. Occupation Housewife
Nature of industry _____21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 3 A. m. on the date above stated
(Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Leyril M. Brown M.D. (Physician or midwife).
Address Miami, ArizonaGiven name added from a supplemental report. _____
Month, day, year _____ Filed Jan 7, 1927 L. E. Ison
Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

695-1216-344

In case of more than one child at a birth, a SEPARATE K&I U&N must be made for each, with the statement of the order of birth stated.